

CABINETMAKER

TRADE EXPERIENCE VERIFICATION FORM

Date: _____
Employer: _____
Address: _____

Postal Code _____
Phone: _____ Fax: _____
Email: _____

This is to verify that _____ has worked as a **CABINETMAKER** from (month/year) _____ to (month/year) _____ for a total of _____ hours spending the following percentage of the time at the tasks below:

Set-up Woodworking Machines	_____ %
Architectural Fixture Work	_____ %
Millwork-Case Units, Cabinets and Vanities	_____ %
Construction of Furniture	_____ %
Window Sashes, Doors and Door Frames	_____ %
Wood Finishing	_____ %
Laminates	_____ %
Design and Layout	_____ %
Other (Please specify):	_____ %
_____	_____ %
_____	_____ %
Total	100 %

Please indicate the type of equipment and the type of work this person was involved with during this time period: _____

(If more space is required, please continue on reverse side.)

Print name of Company Representative

Position of Company Representative

Signature of Company Representative

Date

Signature of Employee

Date